

RESIDENTIAL TREATMENT Qualifications Checklist

PROVIDER NAME: _____

Control #(s)									
Staff Name									
Date of Hire									
Date(s) of Service									
Paraprofessionals - HS Diploma / GED									
<i>Before date of service:</i>									
First Aid (1 person in facility)									
Current CPR (1 person in facility)									
Alternatives to Restric. Interv.									
<i>Also:</i>									
Supervision Plan									
Supervision Plan Implemented									
Disclosure/Crim. Conviction <i>(hired prior to 3/24/05)</i>									
Criminal Record Check <i>(hired after 3/24/05)</i>									
HealthCare Registry Check									